

## Communications if Suspected or Confirmed COVID-19 Occurs in the Building

- ☐ Communicate immediately to Home Administrator, DNS, Infection Control Nurse, WDVA Deputy Director, WDVA Communications Director, WDVA Clinical Compliance Director, DSHS hot line, local health department, residents, resident families/representatives, Director VA Medical facility of jurisdiction, ombudsman, when facility receives notice of a positive COVID-19 test result for a resident. Use Phone, E-mail, Facebook, Website
  - ☐ Ask phone vendor to initiate additional phone # for you to record daily updates
  - ☐ Provide regular updates on the website at [www.dva.wa.gov/covid](http://www.dva.wa.gov/covid)
- ☐ Assign someone who has some clinical knowledge & good communication /conflict management skills to man the phone. Provide daily information that can be read when people call in.
- ☐ DNS/Administrator return all calls to family as requested.
- ☐ Utilize *Resident Family Stakeholder Communication Process* for guidance on who else to communicate with and how.

## Resident Management If Suspected or Confirmed COVID-19 Occurs in the Building

- ☐ Implement line listing
- ☐ Initiate surveillance mapping of resident's that are symptomatic
- ☐ Initiate droplet precaution and contact precautions
- ☐ Ensure isolation carts with isolation supplies and signs are outside the room
- ☐ Initiate alert monitoring
- ☐ Notification of family /DPOA for resident's change in condition.
- ☐ Notification of Medical Director of any resident/staff with Respiratory Symptoms
- ☐ Suspend any Admissions
- ☐ Use N95 respirators, gowns & gloves when caring for confirmed/suspected COVID-19 positive residents
- ☐ Surgical masks to be worn while in the area of the facility where COVID-19 positive residents are cared for
- ☐ Follow PPE Conservation During Crisis Procedure, OP 670.100
- ☐ Follow COVID-19 Operational Guide
- ☐ Follow WDVA COOP Pandemic Plan Level 6
- ☐ Follow Dept of Health Work Guidance for Healthcare Workers
- ☐ Follow CDC Interim US Guidance for Risk Assessment and Public Health Management of Health Care Providers with Potential Exposure in a Health Care setting to patients with COVID-19
- ☐ Review discharges with family, other facilities etc.
- ☐ Cancel Ancillary visits
- ☐ Send letters/initiate calls to residents and families about confirmed COVID-19, facility preparation and updates.
- ☐ Keep residents informed of enhanced sanitation, need to report symptoms of URI, efforts the facility is doing to keep them safe.
- ☐ Remind residents to practice social distancing and perform frequent hand hygiene.
- ☐ Monitoring all residents and staff for potential symptoms of respiratory infection throughout the day.
- ☐ Obtain a list of all current vendors for this facility and notify them of positive COVID-19 case, as applicable
- ☐ Contact all visitors that visited the facility 14 days prior to when the first case was confirmed to notify them of the possible risk of exposure.
- ☐ Consider zone cleaning - Assign staff to a zone in the facility to sanitize high touch surfaces at least 3 times a day.
- ☐ Cohort residents who are confirmed to have COVID-19
- ☐ Allow one asymptomatic essential care giver (NAC&LN) to assist with the care of a resident with confirmed or suspected COVID-19, exclude all other visitors

# FACILITY COVID-19 EXPOSURE MANAGEMENT

April 28, 2020

- ☐ Create sign off sheet for staff to sign off date/time/employee name for sanitizing all high touch areas.
- ☐ Residents may not leave campus. If residents leave, upon return to campus they will be on isolation for 14-days.

## QAPI If Suspected or Confirmed COVID-19 Occurs in the Building

- ☐ Initiate QAPI Subcommittee that meets each day in am to review. Members:
  - (SDC/IP, DNS, Administrator, RCMS, Providers, Housekeeping Supervisors, Maintenance Director and other members as needed.)
- ☐ Review line listing past 24 hours residents and staff
- ☐ Review staff temp logs (Employee /Visitor/Family)
- ☐ Review completed screening forms
- ☐ Coordinate with CDC/DOH/County Health Department
- ☐ Involve Medical Director in your COVID-19 exposure management

## General COVID-19 Management

- ☐ Post signs on facility entrance – If you have been to an outbreak area or in contact with potential COVID-19 patient DO NOT VISIT
- ☐ Screen all visitors, vendors and staff using screening form
- ☐ Keep screening forms in a binder
- ☐ Take temperature of all visitors, vendors, nursing student before they are allowed in the unit. Anyone with temperature over 100.4 are not allowed to visit.
- ☐ Post hand hygiene and cough etiquette posters.
- ☐ Have hand sanitizers available for visitors to use.
- ☐ Restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations.
- ☐ Require visitors to perform hand hygiene and use PPE as appropriate. Suggest refraining from physical contact with residents and others.
- ☐ Visitors to meet in the resident's room.
- ☐ Advise visitors and anyone who entered the facility to monitor of signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provided and immediately notify the facility of the date they were in the facility, who they were in contact with and the locations within the facility they visited.
- ☐ Offer visitors to Skype, FaceTime, Call or email their loved ones.
- ☐ Contact and inform Ancillary service providers (Optometrist, Dentist, Denturist, Wheelchair vendors, Podiatrist, Pharmacist, Wound care consultants, Prosthetics, Physiatrists)
- ☐ Ask providers to limit facility visits if they are providing services to other Healthcare Facilities.
- ☐ Screen all providers and know where they work. They must also be screened and temped.
- ☐ Do not have supply vendors transport supplies inside the facility. Have a dedicated drop off location.
- ☐ Cancel all volunteers, unless volunteers are supporting Home's COVID-19 response.
- ☐ Cancel communal dining and all group meetings. Small group dining with social distancing allowed for safe dining of residents.
- ☐ Use telemedicine as available to screen and manage residents visits
- ☐ Residents to follow state proclamations regarding non-pharmaceutical interventions that include: handwashing; respiratory hygiene and cough etiquette; keep distance from others; cleaning and disinfecting surfaces; stay home when sick; cancellation of major public and large private gatherings, prevent non-emergency travel outside of the home; etc.
- ☐ Mobile residents not cooperating with applicable mandates and agency policies in effect will be addressed on an individual basis to request compliance. Residents who fail to cooperate may have further actions taken to gain compliance, which may include removing access to electric wheel chairs, isolation in room, or discharge.

General COVID-19 Staff Management	
<ul style="list-style-type: none"> <li><input type="checkbox"/> In-service designated staff in how to screen visitors</li> <li><input type="checkbox"/> In-service LN and NAC's that they are second layer of screening. Anyone who is coughing and appears ill should be reported to designated staff to rescreen.</li> <li><input type="checkbox"/> Screen anyone entering the building with the screening tool</li> <li><input type="checkbox"/> Take temperature of anyone entering the building record on log</li> <li><input type="checkbox"/> Refer to Secondary screening if does not pass screening.</li> <li><input type="checkbox"/> Post CDC info on COVID-19</li> <li><input type="checkbox"/> Restrict access all doors. Entry only when let in by staff</li> <li><input type="checkbox"/> Ongoing staff education on proper hand hygiene, have disinfectants available for staff</li> <li><input type="checkbox"/> Complete staff competency on handwashing, and PPE proper use. (include all therapies)</li> <li><input type="checkbox"/> While in facility use simple face mask/cloth facemask for source control</li> <li><input type="checkbox"/> Reduce face to face encounters with residents- bundle activities</li> <li><input type="checkbox"/> Assign designated team to provide care for all residents with suspected or confirmed COVID-19</li> <li><input type="checkbox"/> Follow PPE Equipment Conservation during crisis strategies for facemasks, eye protection &amp; gowns</li> <li><input type="checkbox"/> Reserve N95 respirators for confirmed/suspected COVID-19 positive residents requiring aerosol generating procedures</li> <li><input type="checkbox"/> Educate staff to inform other facilities they work at</li> </ul>	
General COVID-19 Environmental Management	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Increase sanitation of high touch areas and common areas including (computer screens, keyboards, devices used for resident virtual visits, elevator buttons, entry, exit buttons, door handles, knobs, counters, handrails, grab bars, therapy equipment's, shared medical equipment such as Hoyer lifts, shower chairs etc.)</li> <li><input type="checkbox"/> Sanitize any rental equipment's prior to use (Bariatric beds, mattress etc.)</li> <li><input type="checkbox"/> Isolate Residents in private rooms with door closed.</li> <li><input type="checkbox"/> Use physical barriers such as plastic windows at reception, curtains between residents, etc.</li> <li><input type="checkbox"/> Properly maintain ventilation system to provide air movement from clean to contaminated flow.</li> </ul>	